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Attorney Docket No. 20-137

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:

Naoki HASEGAWA

Serial No.:

10/808,309

Art Unit:

3739

Filed:

March 25, 2004

Examiner:

SMITH, Philip Robert

For:

MAGNIFYING IMAGE PICKUP UNIT FOR AN ENDOSCOPE, AN ENDOSCOPE FOR IN VIVO CELLULAR OBSERVATION THAT USES

IT, AND ENDOSCOPIC, IN VIVO CELLULAR OBSERVATION

METHODS

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450 April 3, 2007

Sir:

Responsive to the Office Action dated October 19, 2006, please extend the period for response by three months, enter the below Amendment and consider the below Remarks.

04/04/2007 FMETEKI1 00000085 012509 10808309

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900.00 DA

APR - 3 2007

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	e on 12/08/20		espond to a collection of information unless it displays a valid OMB control number Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number								
FEE TRANSMITTAL			Filing Date		10/808,309 March 25, 2004						
For FY 2007			First Named Inven		ki HASEO						
The state of the s			Examiner Name			lip Robert					
Applicant claims small e	entity status.	See 37 CFR 1.27	Art Unit	373							
TOTAL AMOUNT OF PAYM	ENT (\$)	900.00	Attorney Docket N								
METHOD OF PAYMENT (check all that apply) Attorney Docket No. 20-137											
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 01-2509 Deposit Account Name: Arnold International											
		account, the Director is h									
. —						for the filling for					
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Y Charge any additional fee(s) or underpayments of fee(s) Y Credit any everywheats											
X Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
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FEE CALCULATION											
1. BASIC FILING, SEAR											
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Application Type	Fee (\$)	Fee (\$) Fee			e (\$)	Fees Paid (\$)					
Utility	300	150 500	250	200 1	00						
Design	200	100 100	50	130	65 .						
Plant	200	100 300	150	160	80 .						
Reissue	300	150 500	250	600 3	00 .						
Provisional	200	100	0	0	0						
2. EXCESS CLAIM FEE: Fee Description	3					all Entity					
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HP = highest number of total of		r, if greater than 20.			1.89.141	1 44 Lain (1)					
<u>Indep. Claims</u> - 3 or HP =	Extra Claim	18 <u>F99 (\$)</u> <u>F</u> 6	e Paid (\$)		·						
HP = highest number of indepe	ndent daims	paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 shorts of names (analytic active in the St. 1).											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): Fee for extra claims 900.00											
SUBMITTED BY											
Signature -/	1	1/3. 11	Registration No.	A	Telephone						
- Juli	a If	(Issala_	(Attorney/Agent) 2	8,493		3-759-2991					
BY	ncé A	Arnold			Dale	1 3, 2007					

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 18/19 * RCVD AT 4/3/2007 10:55:58 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/18 * DNIS:2738300 * CSID:703 759 2967 * DURATION (mm-ss):07-36

p.19

APR 0 3 2007

PTC/S8/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
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			persons are requi	60 10 16	espond to a collection of information unless it displays a valid OMB control number						
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Applicant c	alms small entity	status. S	ee 37 CFR 1.27	,	Examiner Name	S	MITH, P	nilip Robert			
				Art Unit		739					
TOTAL AMOUN	OFPATMENT	(\$)	900.00		Attorney Docket	No. 2	0-137				
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 01-2509 Deposit Account Name: Arnold International											
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
· -	X Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public Credit card information should not be included on this form. Broulds and become											
information and authorization on PTO-2038.											
FEE CALCUL	FEE CALCULATION										
1. BASIC FILI	NG, SEARCH,	AND EXA	AMINATION F	EES							
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Utility	30	1 00	50	500	250	200	100				
Design	20	00 1	00	100	50	130	65				
Plant	20	00 10	00	300	150	160	80				
Reissue	30	0 1:	50 ·	500	250	600	300				
Provisional	. 20	0 1	00	. 0	0	0	0				
2. EXCESS C				•	v	• .	Ū	Small Entity			
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Each claim	over 20 (includendent claim ov	ing Reiss	sues)				50	25			
Multiple de	pendent claims	ver 3 (inci	uaing Keissue	es)	•		200	100			
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	————————————————————————————————————		<u>Fee (\$)</u>	901	Paid (\$)		_	pendent Claims			
HP = highest nu	mber of total claims	paid for, if	reater than 20.				Fee (\$)	Fee Paid (\$)			
Indep. Claims	Extra	<u>Claims</u>	Fee (\$)	Fee	Paid (\$)						
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.											
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Other (e.g., late filing surcharge): Fee for extra claims								900.00			
SUBMITTED BY											
Signature	13	111	11 16		Registration No.	20 10 -	Telephon	9			
Name (Print/Type)	Bruce		xxxxxx		Attorney/Agent)	28,493	Date	703-759-2991			

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